Life & Times

Multidisciplinary team meetings in primary care:

could they help to attract the GPs of tomorrow?

It is well recognised that there is currently a crisis in recruiting medical students and doctors to a career in general practice. Around 12% of training posts were vacant for the 2015 application year.[1] When research has enquired as to why these groups decide against general practice many reasons have been given including '*wanting to work in acute care*', '*wanting to specialise*', but one that caught our eye was '*wanting to work in a team*'.[2] Many GPs would argue that at practice meetings and business meetings you are part of a team. However, if we think about what the students see on placement it is quite often a GP sitting in their room facing whatever comes through the door on their own. Decisions have to be constantly made in this arguably isolated setting. This is then contrasted with the teams they see on the ward every day sharing the decision making process.

The *Five Year Forward View* in 2014 discussed developing 'multispecialty community providers' to allow GPs to work within large teams and provide better standards of care, while cutting the cost of this provision of care.[3] This is an exciting prospect but will take time and financial investment to succeed. The recruitment crisis is worsening and we need to think of shorter term, low-cost strategies to help in the near future.

One of the big successes in hospital medicine has been the introduction of multidisciplinary team meetings (MDMs) to discuss and agree care pathways for patients.[4] The benefits have been shown to include better use of the evidence base in decision making, improved coordination of treatment for patients, and an improvement in the quality of the clinical decisions being made.[4] More difficult to measure, but also important, is the potential for support and improved team cohesion in a well-functioning MDM. So why doesn't this happen in general practice? The Gold Standard Framework used in palliative care

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was reported by those involved as something that improved communication and the quality of care.[5] Using the MDM format, discussions between team members could formulate an agreed and documented care plan that would not focus only on one area of care, but any complex cases. This would strengthen the holistic approach of the whole team to the care giving and would also provide support and reduce feelings of isolation among individuals.

The educational value of MDMs should not be underestimated. The MDM approach has been shown to be a good training opportunity both for inter-professional education and within a speciality.[4] One of the attractions of general practice is the generalist role and the varied case mix. Multidisciplinary meetings would be an efficient way of keeping up to date and sharing knowledge of reliable resources.

Recruitment is important, but retention of fulfilled, resilient GPs is vital as well. We need to support our staff and provide them with an environment that helps to protect them from burnout and isolation. Part of developing resilience is having a good support network both in personal and work settings. Having an MDM approach has been shown to improve resilience in physicians[6] and surely this is something that should be embraced in general practice.

As we have discussed MDMs allow better patient care, add educational value for members, and possibly provide increased resilience and retention. We appreciate GPs are already overstretched and finding time for MDMs may be challenging. However, surely a change that may increase recruitment, retention, train better doctors, and help develop resilience in our work force is something worth considering? Better for both patients and doctors perhaps? So why don't you bring it up at the next practice meeting and see what people think?

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